

**DEPARTMENT OF VETERANS AFFAIRS  
OFFICE OF EMPLOYMENT DISCRIMINATION COMPLAINT ADJUDICATION  
WASHINGTON, D.C. 20420**

Elizabeth Reese,	)
	)
<i>Complainant,</i>	)
	)
<i>v.</i>	)
	)
Secretary,	)
Department of Veterans Affairs,	)
	)
<i>Agency,</i>	)

VA Case No. 200H-VI10-2021102754

EEOC Case No. 470-2022-00030X

**FINAL ORDER**

It is the final action of this Department in the above-referenced matter to accept and fully implement the attached decision of the EEOC administrative judge.

If dissatisfied with this final action, the Complainant may appeal or file a civil action as set forth below.

**RIGHT OF APPEAL**

The Complainant may appeal this final order within 30 calendar days of receipt to: **Equal Employment Opportunity Commission, Office of Federal Operations (EEOC-OFO)**. The appeal may be filed via the EEOC's Public Portal, U.S. Mail, or Hand-Delivery.

1. **EEOC-OFO recommends that all submissions and communications from complainants be electronic.**
  - a. **Appeals submitted electronically should be completed via the EEOC Public Portal at <https://publicportal.eeoc.gov/Portal/Login.aspx>. See warning below and detailed instructions attached.**

**WARNING!**

**Attorneys and non-legal representatives MUST NOT use the EEOC Public Portal to file appeals on behalf of their clients as the portal will incorrectly list the representative as the complainant. Therefore, COMPLAINANTS MUST file electronic appeals themselves through the EEOC Public Portal regardless of whether they are represented.**

**b. Appeals submitted by mail should be completed by using EEOC Form 573.**

A copy of EEOC Form 573 is attached. Appeals submitted by mail should be sent to:

Director  
U.S. Equal Employment Opportunity Commission  
Office of Federal Operations  
P.O. Box 77960  
Washington, D.C. 20013

**c. As an alternative to mailing the appeal, the appeal may be hand-delivered to:**

Equal Employment Opportunity Commission  
Office of Federal Operations  
131 M Street N.E., Suite 5SW12G  
Washington, D.C. 20507-0004

**2. If mailing or hand-delivering the appeal to the EEOC-OFO, a copy of the appeal must also be sent to the VA Office of General Counsel at the following address:**

Department of Veterans Affairs  
Office of General Counsel (024)  
810 Vermont Avenue, N.W.  
Washington, D.C. 20420

**3. Statements or briefs in support of the appeal must be submitted to the EEOC-OFO within 30 calendar days of the filing of the appeal. The EEOC-OFO will accept statements or briefs in support of an appeal by facsimile transmittal at (202) 663-7022. If statements or briefs are submitted by mail or hand delivery, a copy of any such statement or brief, including any statements made on EEOC's "Appellant Docketing Statement," must also be sent to the VA's Office of General Counsel at the above address.**

**4. If an appeal is filed with the EEOC-OFO by mail or hand delivery, the appeal, and any subsequently filed statement or brief, must contain a statement certifying the date and method by which copies of these documents were served on the VA's Office of General Counsel.**

5. If the Complainant files an appeal with the EEOC-OFO beyond the above-noted time limit, the Complainant should provide the EEOC-OFO with an explanation as to why the appeal should be accepted despite its untimeliness. If the Complainant cannot explain why timeliness should be excused, the EEOC-OFO may dismiss the appeal as untimely.

### **RIGHT TO FILE A CIVIL ACTION**

The Complainant also has the right to file a civil action in an appropriate United States District Court. The Complainant may file a civil action:

- (1) Within 90 days of receipt of this final decision if no appeal to the EEOC-OFO has been filed; OR
- (2) Within 90 days after receipt of the EEOC-OFO's final decision on appeal; OR
- (3) After 180 days from the date of filing an appeal with the EEOC-OFO if there has been no final decision by the Commission.

The Complainant must name the official head of the Department of Veterans Affairs, **Denis McDonough**, as the defendant. The Complainant may not name just the Department. The Complainant must also state the official title of the Department head, which is the **Secretary of Veterans Affairs**. Failure to provide the name or official title of the head of the Department may result in dismissal of the case. **Please consult your District Court's website for procedures to file a civil action and any COVID-19 related changes in procedures.**

If the Complainant decides to file a civil action under Title VII (discrimination due to race, color, religion, sex, national origin, or reprisal) or under the Rehabilitation Act of 1973, as amended, (discrimination due to disability), and if the Complainant does not have or cannot afford the services of an attorney, the Complainant may request that the Court appoint an attorney to represent the Complainant and that the Court permit the Complainant to file the action without payment of fees, costs, or other security.



**The grant or denial of the request is within the sole discretion of the Court.** Filing a request for an attorney does not extend the time in which to file a civil action. Both the request and the civil action MUST BE FILED WITHIN NINETY (90) CALENDAR DAYS of the date that Complainant receives the final order from the Department or the Commission.

**MARY  
LYNNE  
POPIDEN**

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MARY LYNNE  
POPIDEN  
Date: 2022.10.26  
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10/26/2022

**MARY LYNNE POPIDEN**  
Director, Office of  
Employment Discrimination  
Complaint Adjudication

\_\_\_\_\_  
Date

Enclosures: EEOC Public Portal Instructions  
EEOC Form 573

**DEPARTMENT OF VETERANS AFFAIRS  
OFFICE OF EMPLOYMENT DISCRIMINATION COMPLAINT ADJUDICATION  
WASHINGTON, D.C. 20420**

**CERTIFICATION OF SERVICE**

Complainant's Name: Elizabeth Reese  
Agency Case No.: 200H-VI10-2021102754  
EEOC Case No.: 470-2022-00030X

I certify that on this date, the foregoing Final Order was sent via electronic mail to the individuals and parties shown below. For timeliness purposes, it shall be presumed that the parties received the foregoing Final Order within five (5) calendar days after the date it was sent via electronic mail.

**Complainant:**

Elizabeth Reese

reesee.1968@gmail.com

**EEO Manager:**

Karen Johnson

karen.johnson16@va.gov

**ORMDI Field Office:**

Office of Resolution Management, Diversity, and Inclusion (08E)

ORMNEOAdministrativeGroup@va.gov

**Agency Representative:**

Kimberly Huhta

kimberly.huhta@va.gov

**MARCELLA**  
**CALLENDER**

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MARCELLA CALLENDER  
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*(Signature of Dispatcher)*

10/26/2022

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*(Date of Dispatch)*

**DEPARTMENT OF VETERANS AFFAIRS  
OFFICE OF EMPLOYMENT DISCRIMINATION COMPLAINT ADJUDICATION  
WASHINGTON, D.C. 20420**

**TRANSMITTAL OF FINAL ORDER**

**TO:** The Parties  
Representatives of the Parties  
ORMDI Field Office

**SUBJ:** Final Order

Complainant's Name:	Elizabeth Reese
Agency Case No.:	200H-VI10-2021102754
EEOC Case No.:	470-2022-00030X

Enclosed is the Department's Final Order concerning the above-referenced complaint of employment discrimination.

The Final Order includes a statement explaining the complainant's right of appeal and right to file a civil action.

The transmittal to the complainant and, if applicable, the complainant's representative, includes EEOC Form 573 (MSPB Form 185, if the subject complaint is a "mixed case") for use should the complainant wish to appeal the enclosed Final Order.

If the complainant requested a hearing before an EEOC administrative judge, the transmittal to the ORMDI field office also encloses the hearing record, including the EEOC administrative judge's decision, and/or other miscellaneous correspondence/documents provided to this office by the judge.

**MARY  
LYNNE  
POPIDEN**

Mary Lynne Popiden  
Director

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MARY LYNNE  
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Enclosures





Department of Veterans Affairs

**COMPLAINT OF EMPLOYMENT DISCRIMINATION***Read the instructions on the reverse side of this form carefully before completing the front of this form.*

1. NAME (Last, first, middle initial) (Please print) Reese, Elizabeth A.		3. MAILING ADDRESS 2106 S. Washington Street Marion, IN. 46953	4a. WORK TELEPHONE NUMBER (Include Area Code) (765) 674-3321
2. EMAIL ADDRESS elizabeth.reese2@va.gov			4b. PRIMARY TELEPHONE NUMBER (Include Area Code) (574) 215-2473
5. ARE YOU: <input checked="" type="checkbox"/> A VA EMPLOYEE <input type="checkbox"/> AN APPLICANT FOR EMPLOYMENT <input type="checkbox"/> A FORMER VA EMPLOYEE	6a. JOB TITLE, SERIES AND GRADE Program Analyst 0343 GS 11 6b. SERVICE/SECTION/PRODUCT LINE V10 MCA CWU	7. NAME AND ADDRESS OF VA FACILITY WHERE DISCRIMINATION OCCURRED VETERANS HEALTH ADMINISTRATION DECISION SUPPORT SYSTEMS CINCINNATI OH USA	

**NOTE:** For each employment related matter that you believe was discriminatory you must list the bases (*list one or more of the following*):**Race (Specify), Color (Specify), Religion (Specify), Sex (Male or Female), National Origin (Specify), Age (Provide date of birth),****Disability (Specify), Genetic Information (including family medical history), and/or Reprisal for participating in the EEO process or opposing unlawful discrimination.**

8. BASIS	9. CLAIM(S) (What employment related claim(s) - personnel action(s), incident(s), or event(s) caused you to file this complaint? Briefly state the specific claim, personnel action and/or event that caused you to file this complaint. Use an additional sheet of paper if necessary. You should not include information that violates the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA). Some examples are patient medical records, personal records of other VA-employees, etc.)	10. DATE OF OCCURRENCE (Include the most recent date(s))
Reprisal - Prior EEO activity  Case Number: 200H-VI10-2021102754	I contact VISN10 EEO (HR added) to report being harassed & bullied by Melissa Broughton & Tabitha Lewis since the consolidation of VISN10 MCA. I requested them to stop, it just became a hostile work environment. Took ECS Pilot spot that I had for 10 years and gave it to 2 others. FMLA wrongfully denied for weeks regarding my son and mocked me. I had a call and was accused of not doing my job, so I emailed proof that countered the accusations. A couple hours later the ePerformance that I wouldn't sign because it was back dated & more, it was closed but had a rude & fabricated note. I felt they were trying to fire me or just be cruel. I knew I would never be treated fairly again, I am left to resign.	Jan 07-11 Jan 13-15 Multiple days in Feb, Mar & Apr. too.

11. REMEDIES SOUGHT (Use an additional sheet of paper if necessary.)  
They were uncooperative to any remediation.

12a. DO YOU HAVE A REPRESENTATIVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12c. PROVIDE THE NAME AND ADDRESS OF YOUR REPRESENTATIVE	12d. TELEPHONE NUMBER (Include Area Code)
12b. IF "YES," IS HE OR SHE AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO		12e. EMAIL ADDRESS
13a. HAVE YOU CONTACTED AN EEO COUNSELOR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13b. NAME OF EEO COUNSELOR Bruce MacDougall	13c. DATE OF INITIAL CONTACT WITH ORM 03/15/2021
14. If you contacted an EEO Counselor more than 45 calendar days after the Date(s) of Occurrence, listed in item 10, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Right to File a Discrimination Complaint, you must explain why you were untimely in seeking EEO counseling or untimely in filing a complaint. (Use an additional sheet of paper, if necessary.)		
15a. HAVE YOU FILED A UNION GRIEVANCE ON ANY CLAIM(S) LISTED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15b. IF "YES," LIST THE CLAIM(S) AND DATE GRIEVANCE FILED	16a. HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB) ON ANY OF THE CLAIMS LISTED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		16b. IF "YES," LIST THE ISSUE(S) AND DATE MSPB APPEAL FILED.
17a. HAVE YOU FILED THIS COMPLAINT WITH ANYONE ELSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	17b. IF "YES," PROVIDE THE NAME AND ADDRESS	
18. SIGNATURE OF COMPLAINANT (Sign in ink. Do not print)  E. A Reese		19. DATE 04/29/2021



**COMPLAINT OF EMPLOYMENT DISCRIMINATION INSTRUCTIONS**

Read the following instructions carefully before you complete this form. Please complete all items on the complaint form.

**GENERAL:** Pursuant to the Equal Employment Opportunity Commission (EEOC) Title 29 Code of Federal Regulations (29 C.F.R.) §1614, VA Form 4939, Complaint of Employment Discrimination, can be used by VA employees, former employees and applicants for employment who file a formal Equal Employment Opportunity (EEO) complaint of discrimination. This regulation prohibits discrimination based on race, color, religion, gender (sex), national origin, age (40 years and over), physical or mental disability, genetic information (including family medical history), and/or reprisal for participating in the EEO process or opposing unlawful discrimination.

You can obtain assistance from your EEO Counselor in filling out this form. Your EEO Counselor can also answer any questions you may have about this form. In item 8, you should specify the basis of your complaint: race, color, religion, gender (sex), national origin, age (*date of birth*), physical or mental disability (*specific information about your disability*), genetic information (including family medical history), and/or reprisal for participating in the EEO process or opposing unlawful discrimination. If you list "Reprisal," please state the nature of the prior EEO activity in which you were engaged, i.e. did you file a prior EEO complaint? Use an additional sheet of paper, if necessary.

It is very important that you be precise as to the dates of all actions or events you are protesting. In addition, the claims listed in item 9, must be limited to those claims discussed with an EEO Counselor (*discussed within 45 calendar days of occurrence of the event, or within 45 calendar days of the effective date, if a personnel action*) or like or related claims. If any of the claims listed in item 9 were discussed with an EEO Counselor, but not within 45 calendar days of their occurrence or of their effective date, you must explain why you waited more than 45 calendar days. If any of the claims listed in item 9 were not discussed with an EEO Counselor, please contact the Office of Resolution Management (ORM), Regional EEO Officer IMMEDIATELY. The requirement that you contact an EEO Counselor about every claim listed in item 9 will not be waived under any circumstances. Failure to do so will only delay the processing of your complaint.

It is your responsibility to keep the (ORM) informed of your current address. If you move, immediately advise the ORM District Office where you filed this complaint of your new address. In addition, you may receive certified and express mail in connection with your complaint. It is your responsibility to claim all certified and express mail. Failure to notify ORM of a change in address or to claim certified and express mail may lead to dismissal of your complaint.

**REPRESENTATION:** You may have a representative of your own choosing at all stages of the processing of your complaint. No EEO Counselor, EEO Investigator or EEO Officer may serve as a representative. (Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)

**WHEN TO FILE:** Your formal complaint must be filed within 15 calendar days of the date you received the "Notice of Right to File a Discrimination Complaint" (NRTF) from your EEO Counselor. If you do not meet this time limit, you must explain why you waited more than 15 calendar days to file. These time limits may be extended under certain circumstances; however, they will NOT be waived and your complaint will NOT be investigated unless you explain your untimeliness and the explanation is acceptable in accordance with EEOC, 29 C.F.R. §1614(c).

**WHERE TO FILE:** The complaint should be filed with the ORM District Office identified in the NRTF. You may submit a copy either by mail, in person, electronically (via e-mail), or by facsimile. Filing instructions are contained in the cover letter attached to the NRTF.

**PRIVACY ACT STATEMENT:** Maintenance and disclosure of VA Form 4939 is made in accordance with the Privacy Act of 1974. Collection of the information on this form is authorized and/or required by the regulations of the EEOC, 29 C.F.R. §1614. All records, from which information is retrieved, by the name or personal identifier of a respondent, are maintained by a Government-wide Systems of Records: EEOC/GOVT-1, Equal Employment Opportunity Complaint Records and Appeal Records. The information collected will be used by ORM to determine whether your complaint is acceptable for investigation and in connection with any subsequent investigation and processing of your complaint. In the course of any investigation, this form may be shown to any individual who may be required by regulations, policies or procedures of the EEOC and/or ORM to provide information in connection with this complaint, including individuals you may have identified as responsible for the acts or events at issue in this complaint. Other disclosures may be: (a) to respond to a request from a Member of Congress regarding the status of the complaint or appeal; (b) to respond to a court subpoena and/or to refer to a district court in connection with a civil suit; (c) to disclose information to authorized officials or personnel to adjudicate a complaint or appeal; or (d) to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.

**RESPONDENT BURDEN STATEMENT:** In accordance with the Paperwork Reduction Act of 1995, The Department of Veterans Affairs (VA) may not conduct or sponsor, and the respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 2900-0716. The collection of this information is voluntary. However, the information is necessary to determine if your complaint of employment discrimination is acceptable for further processing in accordance with EEOC, 29 C.F.R. §1614. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the form. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden, to VA Clearance Officer (005R1B), 810 Vermont Avenue, Washington, DC 20420. SEND COMMENTS ONLY. DO NOT SEND THIS FORM, A COMPLAINT OF EMPLOYMENT DISCRIMINATION, OR REQUEST FOR BENEFITS TO THIS ADDRESS